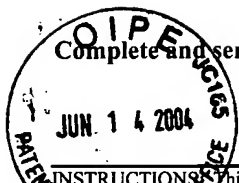


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
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Commissioner for Patents
P.O. Box 1450
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25943

7590

03/22/2004

SCHWABE, WILLIAMSON & WYATT, P.C.
PACWEST CENTER, SUITES 1600-1900
1211 SW FIFTH AVENUE
PORTLAND, OR 97204

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Heather L. Adamson (Depositor's Name)
Heather L. Adamson (Signature)
06/09/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/027,784

12/19/2001

Paul V. Long

[20030/87:1]
107773-132355

9581

TITLE OF INVENTION: SYSTEM AND METHOD EMPLOYING REFLECTIVE IMAGING DEVICES FOR A PROJECTION DISPLAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

06/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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CRUZ, MAGDA

2851

353-031000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **SCHWABE,**
 2 **WILLIAMSON &**
 3 **WYATT, P.C.**

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

InFocus Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilsonville, OR

Please check the appropriate assignee category or categories (will not be printed on the patent);

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(Authorized Signature)

(Date)

Aloysius T.C. AuYeung, Reg. NO. 35,432 06/09/04

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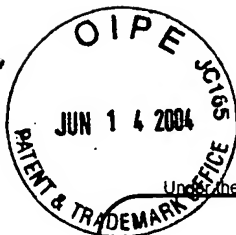
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/027,784
Filing Date	12/19/2001
First Named Inventor	Paul V. Long
Art Unit	2851
Examiner Name	Cruz, Magda
Attorney Docket Number	107773-132355

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	SCHWABE, WILLIAMSON & WYATT, P.C.
Signature	
Date	06/09/2004

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Typed or printed name	Heather L. Adamson
-----------------------	--------------------

Signature

Date 06/09/2004

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